

Evaluation of a Five Session Trauma Treatment Model For Women

Despite the growing recognition that many women in the criminal justice system have histories of domestic violence, there are few treatment interventions designed to help women offenders deal with the psychological trauma that have been left by abusive relationships and learn the skills needed to develop healthy relationships, and lead happier lives. With funding from the Department of Public Health (DPH), the Connecticut Women's Consortium developed a program to implement Healing Trauma as part of an Intimate Partner Violence (IPV) Project. The program began in 2007 to provide resources about psychological trauma to women who are incarcerated or recently released from prison. Healing Trauma (Covington & Russo, 2011) is a five-session gender responsive treatment model adapted from Stephanie Covington's (2003) *Beyond Trauma* curriculum. Healing Trauma is an integrated approach to women's treatment that is based on theory, research, and clinical experience. It is specifically designed for working with women in a setting where short-term intervention is needed.

To date, Healing Trauma has been administered to 303 justice-involved women across 31 groups in prison-based and community based settings. We are evaluating the effectiveness of Healing Trauma by collecting consumer satisfaction reports and measuring symptoms of depression and psychological trauma before and after treatment. Our initial findings from a sample of 176 women (58.1% of the women served) are quite promising.

Consumer Satisfaction

Of the 176 women, 89.2% (157 women) said they achieved the treatment goals that they identified for themselves during the first session, and 94.3% (166 women) said they would recommend Healing Trauma to others. Women reported that the most helpful aspect about Healing Trauma was having a safe place to discuss their experiences with other women like themselves. Most women were positive about the group facilitators. Women who were served at York Correctional Center frequently reported that it was helpful to have facilitators who had similar experiences and understood the problems facing incarcerated women who have trauma histories. Women in both community-based and prison-based settings reported that the group helped them realize that they were not alone and that other women had the same issues with relationships. Several women pointed out that Healing Trauma helped them learn what a healthy relationship was, often coming to

realize that aspects of their past relationships were abusive. The women also indicated that the experiential exercises were helpful and that they enjoyed learning grounding skills.

Reductions in Symptoms of Depression and Post-Traumatic Stress

For a subgroup of 160 women (90.9% of the sample), data was collected to measure symptoms of depression using the Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977) and the PTSD Checklist (PCL-C; Weathers, Huska, & Keane, 1991). Of these women, 84.4% or 135 women had moderate to severe depression severity at the start of treatment. Among 65 women who completed both the pre- and post-treatment depression screener, estimated rates of major depression decreased from 81.5% (53 women) before taking Healing Trauma to 60.0% (39 women) after completion of the intervention. The decrease in symptoms of depression was statistically significant ($t=5.72$, $df=64$, $sig.=.000$). Findings related to PTSD symptom severity were similar; 143 women (81.3% of the sample) completed the PTSD screener before Healing Trauma. Of these women, 10.6% or 26 women reported having symptoms consistent with a diagnosis of full PTSD. Among 73 women who completed the PTSD Checklist both before and after Healing Trauma, the estimated rate of PTSD decreased from 12.3% (9 women pre-treatment) to 8.2% (6 post-treatment) ($Chi Sq=8.47$, $df=1$, $sig.=.003$).

These findings support the use of Healing Trauma to help women in their recovery. This brief intervention, can be used to introduce women to new skills that help them deal with psychological trauma, build healthy relationships, sustain their recovery and potentially shield them further criminal involvement.

Submitted by Josephine Hawke, Ph.D.

References

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